

Overview of Behavioral Health Services

As an interested provider of mental health and addiction treatment supports and services, several changes are underway throughout the system which are critical to you as you contemplate joining Georgia's public behavioral health system. Before submitting your application, consider the following:

Integrated MH/SA Services: The Division of Mental Health, Developmental Disabilities and Addictive Diseases policy administrators know from best practice literature that many individuals have co-occurring mental health and addiction/substance use issues. Best practice is also clear that services and supports that do not address both of these issues may actually impede recovery. Therefore, the philosophical position of this Division is that providers must have capacity to assess and provide treatment and supports, which address mental health and addiction. The term “behavioral health” is used to encompass both of these treatment areas. Potential providers submitting an application should note that staffing expectations reflect this expectation.

Community-based Services: Throughout healthcare literature, there is support for the benefit of home and community-based services. As an interested provider you should note that many of the services descriptions mandate community service provisions. Agencies must strategically organize to meet this DMHDDAD vision.

Fee-for-Service: The DMHDDAD is currently transitioning from how it historically has paid providers to a new “fee-for-service” mechanism. “Fee-for-service” literally means that when a qualified provider renders a service to a qualified individual in need that payment is made to that provider.

For the DMHDDAD, this is a significant transition from how providers have been paid. In the past, qualified providers had annual contracts with the DMHDDAD in which reimbursement for services was consistent across a year, but services, deliverables, and target consumers were variable. Since state fiscal year 2005, funds have gradually been redistributed in an effort to more effectively address the needs of individuals locally with mental illness and addictive disease.

Beginning April 1, 2007, the DMHDDAD will begin reimbursing the majority of children and adolescent services through a fee-for-service process. Core services and Intensive Family Intervention services will be included in this fee-for-service process. These services will be provided by qualified providers who have made application with the Division and been approved. These providers will submit an encounter report to APS Healthcare for the authorized services delivered and a payment by the Division based on the validated encounter report will be generated to reimburse the provider for that service. (See [Provider Manual](#) link, [Provider Application User's Guide](#) and the [APS MICP Users Guide](#) for details). Fee-for-service for other child and adolescent services and adult services are planned for a later implementation date.